

TOWN OF HERNDON, VIRGINIA

Claim Form

Please note that this is not an on-line form. You must print out this page, fill it in, and mail, deliver, or fax it to the Town Attorney as set out on this form.

Claim information:

Name of Claimant(s) _____

Address of Claimant(s) _____

Phone number of Claimant(s) _____

Nature of claim (property damage, bodily injury, and the like) _____

Date, time and place of event on which claim is based _____

Explanation of accident or event on which claim is based _____

Amount claimed (please attach supporting documentation, if possible) _____

Reason for alleged Town responsibility (optional) _____

If claim involves property damage, please provide the following insurance information:

Name of Claimant's Insurance company _____

Address of Claimant's Insurance company _____

Claimant's Insurance policy number _____

Claimant's signature:

Signature of Claimant(s) _____

Date _____

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Claim Form Instructions

File this claim form within six months after occurrence of event or facts on which claim is based with the following Town Official:

Richard B. Kaufman
Town Attorney
Town of Herndon, Virginia
730 Elden Street
P.O. Box 427
Herndon, VA 20172-0427

Fax 703-435-1034

If you mail the claim form, be sure it is received by the Town before the expiration of the six month period.

Revised 8/8/04